

REGISTRATION FORM
THE CITY COLLEGE OF NEW YORK

Name: _____
Last First Middle

EMPL ID #: _____ Major: _____

Phone #: _____ Email: _____

Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: 20_____

Career: ☐ Undergraduate ☐ Graduate ☐ Doctoral

Student Signature: _____

By signing this form, you agree that you have requested the course enrollment listed and agree to the tuition, fees and other terms of CUNY's Tuition and Fee Manual listed on the Bursar website.

Undergraduate Or Graduate	Class Number	Department	Course Number	Section	Credits	Department Approval

Total Credits Allowed: _____

Advisor's Approval: _____ Date: _____

Processed by: _____ Date: _____